



Allergy & Anaphylaxis Action Plan

Place child's
photo here

Student's Name: _____ D.O.B. _____ Grade: _____
School: _____ Teacher: _____

ALLERGY

History: _____

Asthma: ☐ YES ☐ NO *Higher risk for severe reaction

◇ STEP 1: TREATMENT

SYMPTOMS:

GIVE CHECKED MEDICATION(S)

➤ Suspected ingestion or sting, but <i>no symptoms</i>	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
MILD SYMPTOMS: Itchy mouth, few hives, mild itch, mild nausea/discomfort		<input type="checkbox"/> Antihistamine
MOUTH Itching, tingling, or mild swelling of lips, tongue, mouth	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
SKIN: Flushing, hives, itchy rash	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
STOMACH Nausea, abdominal pain or cramping, vomiting, diarrhea	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
‡ THROAT Tightening of throat, hoarseness, hacking cough	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
‡ LUNG Shortness of breath, repetitive coughing, wheezing <input type="checkbox"/> Inhaler	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
‡ HEART Weak or thready pulse, dizziness, fainting, pale, or blue hue to skin	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
➤ If reaction is progressing (several of the above areas affected), give	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine

‡ Potentially life threatening: give epinephrine first, and then give antihistamine!

Remember - severity of symptoms can quickly change!

DOSAGE

Epinephrine: inject intramuscularly (check one):

- ☐ EpiPen® or AuviQ® 0.3 mg ☐ EpiPen® Jr. or AuviQ Jr. 0.15 mg
☐ Administer 2nd dose if symptoms do not improve in 15 – 20 minutes

Antihistamine: give _____

(Medication/dose/route)

***ATTENTION ... If Antihistamine given, parent must be notified and student picked up from program.

Asthma Rescue (if asthmatic): give _____

(Medication/dose/route)

(Remember the student needs a Colorado Asthma plan as well if has Asthma and will need Inhaler other than Allergic Reaction)

Student has been instructed and is capable of self administering own medication. ☐ Yes ☐ No

Provider (print) _____ Phone Number: _____

Provider's Signature: _____

Start Date: _____ End Date: _____

◇ **STEP 2: EMERGENCY CALLS:** If epinephrine given, call 911. State that an allergic reaction has been treated and additional epinephrine, oxygen, or other medications may be needed.

1. Parent: _____ Phone Number: _____
2. Emergency contacts: Name/Relationship _____ Phone Number(s) _____
 - a. _____ 1) _____ 2) _____
 - b. _____ 1) _____ 2) _____

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED; DO NOT HESITATE TO ADMINISTER EMERGENCY MEDICATIONS

I give permission for school and/or child care facility personnel to share this information, follow this plan, administer medication and care for my child and, if necessary, contact our health care provider. I assume full responsibility for providing the school and/or childcare facility with prescribed medication and delivery/monitoring devices. I approve this Severe Allergy Care Plan for my child. This Health Care Plan will be effective for one year or unless parents and/or physician request to have changes made sooner.

Parent/Guardian's Signature: _____ Date: _____

To be completed by healthcare provider

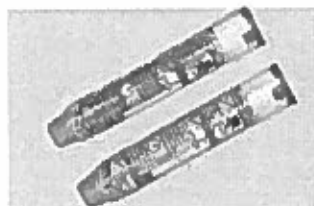
School Nurse: _____ Date: _____

Student Name: _____ DOB: _____

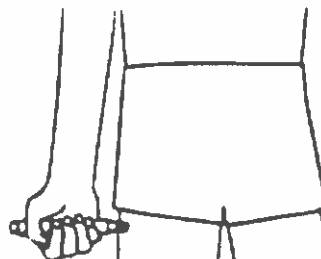
EpiPen® and EpiPen® Jr. Directions

Expiration date: _____

Remove the EpiPen Auto-Injector from the plastic carrying case.
Pull off blue activation cap.



Hold orange tip near outer thigh (always apply to thigh)

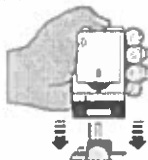


Swing and jab firmly into outer thigh until Auto - Injector mechanism functions. Hold in place and count to 10. Remove and massage the area for 10 seconds.

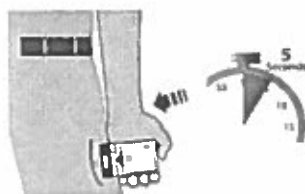
Auvi-Q® and Auvi-Q® Jr. Directions

Expiration date: _____

Remove the outer case of Auvi-Q. This will automatically activate the voice instructions, Pull off the red safety guard.



Place the black end against the outer thigh, press firmly and hold for 5 seconds,



then remove from thigh.

- CALL 911
- Student to remain lying down